



## APPLICATION FOR COUNSELOR CERTIFICATION

Attached please find the Application for Counselor Certification. Please complete the application in its entirety. Do not leave information blank or attach separate sheets indicating 'see attached'. Application deadlines are January 1 and July 1 of every year. Applications can be submitted at anytime prior to the deadline. All requirements must be completed at the time of application for certification. Waivers will not be granted to later complete courses or work experience requirements. Applications will be denied if there are any incomplete items in the application portfolio.

Your supervisor(s) must complete the 'Chemical Dependency Counselor Evaluation by Supervisor' form and send it directly to the Certification Board for Alcohol and Drug Professionals (CBADP). Also, please mail or give the 'Professional Recommendation' form to three professional colleagues and have them send it directly to the CBADP. If you have completed work experience at more than one agency, make a copy of the 'Work Experience Verification' form and send it to each agency for verification of all your work experience hours.

Included in the packet are the Case Presentation Method (CPM) case study directions and outline, as well as the questions for the oral interview. All areas of the case study outline must be addressed, so follow the outline carefully to avoid having your case study denied. The completed application, including the written case study, must be submitted by the application deadline for inclusion in the next applicable testing cycle.

Upon receipt of your application portfolio, it will be reviewed for acceptance. If the portfolio is not complete, you will be notified of any missing items. When the application portfolio is complete, notification will be provided for the scheduling of the written examination. Written exams are administered the second Friday of March and the second Friday of September. Oral examinations are scheduled after the written exam scores are received. The CBADP sends official written notification of the test results for both the written and the oral exams within 30 days of the testing dates. Please note that policy prohibits the CBADP from releasing test results over the telephone.

Upon successful completion of the portfolio review and passing the written and oral examinations, the applicant will be issued a certificate. In order to maintain your certification status, you must comply with all requirements for yearly recertification.

Failure to meet the requirements for certification, or failure of the examinations, will result in the inability to achieve certification. Insufficient experience or course work will require the applicant to reapply for certification. Applicants failing either the written or oral examination will be required to submit the retesting fee and a letter of intent to retest in the next immediate testing cycle. If you fail one of the examinations, you will not be required to retake the other examination (i.e. if you fail the oral examination, you will not be required to retake the written examination.)

The CBADP is required to comply with SDCL 25-7A-56 which is a prohibition against issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification or Recertification until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

The CBADP will make special testing accommodations for individuals meeting the American with Disabilities Act (ADA) guidelines. Applicants must complete the form included in the application packet outlining the disability, the accommodations requested, and provide a written statement from a licensed physician, psychiatrist, or psychologist regarding the disability. All decisions for special accommodations are made in consultation with the testing company.

If you have any questions concerning the application or the testing process, please contact the CBADP Administrative Office.

SEND COMPLETED APPLICATION, TRANSCRIPT(S), AND FEE TO:

CBADP  
3101 West 41<sup>st</sup> Street, Suite 205  
Sioux Falls, SD 57105

## Written and Oral Examination Test Preparation Publications

The Distance Learning Center, LLC, is pleased to offer addiction counselor credentialing test candidates the following publication to help them study and pass the written and/or oral examinations.

### **Item# M404 Getting Ready to Test: A Review/Preparation Manual for Drug and Alcohol Credential Exams**

**\$149.00 USD** A complete comprehensive study manual for AOD counselors which has been successfully used by over 3,500 counselors who have passed the credentialing examinations. This Manual contains one self-scoring 150-item practice written exam; written test taking strategies and tips; an overview of what to expect on the oral exam; how to write a case presentation; plus over 584 pages of condensed addictions content for study. The content covers diagnosis and treatment, basic neurobiology of addiction, drugs of abuse, treatment theories, cultural awareness, special populations, psychiatric disorders, the core functions, HIV/AIDS information, and counselor ethics. **702** pages total (8.5 x 11) – Copyright 2000-2006. **Our most popular publication!** Please add \$8 s/h

### **Item #W401 Getting Ready to Test: The Written Examination \$49.00 USD**

This manual focuses solely on preparing for the written exam and includes one 100-item self-scoring practice exam with key and effective test-taking strategies plus what to expect from the exam. **88** pages total (8.5 x 11) – Copyright 2000-2006. Please add \$5 s/h

### **Item #Q402 Getting Ready to Test: The Oral Examination \$49.00 USD**

This manual highlights information pertaining to passing the oral examination. It discusses how to choose an effective case presentation, and how to write your case presentation. It outlines the rules and regulations which the evaluators must follow during the interview whether live or taped, and how to put together your "script" in response to the tasks you will be asked to perform during the interview. If you use this manual, there will be no surprises. **98** pages total (8.5 x 11) – Copyright 2000-2006. Please add \$5 s/h

### **Item # CS405 Getting Ready to Test: A Review and Preparation Manual for the Written Clinical Supervision Exam**

**\$79 USD** 100 pages of content review plus 50-question sample exam. **97** pages (8.5x 11) – Copyright 2006 Please add \$6 s/h

### **Item #T405 Online Practice Written Exam** A 50 question online sample exam with immediate online results. **\$35 USD**

#### **Four Ways to Order**

1. Over the Internet at [www.ReadyToTest.com](http://www.ReadyToTest.com)
2. Toll Free Phone Order
3. Mail Your Order
4. Fax Your Order

#### **Send Payment to:**

The Distance Learning Center, LLC  
14 Prairie Crest Drive  
Santa Fe, NM 87508  
Phone: 866 471-1742 (toll free)  
Fax: 801 991-7081  
Email: [yshaw@dlc LLC.org](mailto:yshaw@dlc LLC.org)

#### **ORDER FORM (please print)**

| Item # | Description  | Qty. | Price        | S/H           | Subtotal |
|--------|--|------|--------------|---------------|----------|
| 404    | Getting Ready to Test:<br>A Review/Preparation Manual for Drug and Alcohol Credential Exams            |      | <b>\$149</b> | <b>\$8 ea</b> |          |
| W401   | Getting Ready to Test: The Written Examination   |      | <b>\$49</b>  | <b>\$5 ea</b> |          |
| Q402   | Getting Ready to Test: The Oral Examination  |      | <b>\$49</b>  | <b>\$5 ea</b> |          |
| CS405  | Getting Ready to Test: A Review and Preparation Manual for Written<br>Clinical Supervision Examination |      | <b>\$79</b>  | <b>\$6 ea</b> |          |
| T405   | Online Practice Sample Exam  |      | <b>\$35</b>  | <b>-</b>      |          |
|        | Promotional Code _____   |      |              | <b>TOTAL</b>  |          |

**Payment Method:** ☐ Check ☐ Discover ☐ Visa ☐ Master Card ☐ American Express

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Credit Card #** **Expiration** **Signature**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Tel#** \_\_\_\_\_

# Application for Certification

**A \$250.00 check or money order must accompany this application.**  
**Submit to: CBADP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

I AM APPLYING FOR: ☐ CCDC Level I ☐ CCDC Level II ☐ CCDC Level III

CERTIFICATION TRACK: ☐ Academic Track ☐ Experience Track

## PERSONAL DATA:

Name: \_\_\_\_\_  
First Middle Last Maiden

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_

## CURRENT EMPLOYMENT:

**YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CURRENT JOB DESCRIPTION**

Agency Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of CCDC Supervisor: \_\_\_\_\_

## STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:  
☐ Female  
☐ Male

Ethnicity:  
☐ African American  
☐ American Indian  
☐ Asian/Pacific Islander  
☐ Caucasian  
☐ Hispanic/Latino  
☐ Other: \_\_\_\_\_

# Educational/Academic Data

**Official transcripts must be submitted for all education. If you have a college degree, you do not have to submit your high school transcripts.**

High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

GED: \_\_\_\_\_ Date: \_\_\_\_\_

Where Issued: \_\_\_\_\_

## COLLEGE/UNIVERSITY:

| Name | Location | Enrolled From | Enrolled To | Degree(s) Earned |
|------|----------|---------------|-------------|------------------|
|      |          |               |             |                  |
|      |          |               |             |                  |
|      |          |               |             |                  |
|      |          |               |             |                  |

## SPECIALIZED EDUCATION DOCUMENTATION:

List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a “C” grade or higher.

| Requirement   | Name of College or University | Prefix - Course Number | Name of Course   | Credit Hours | Term Taken | Grade |
|---|-------------------------------|------------------------|------------------|--------------|------------|-------|
| Example   | FSU                           | HS 212                 | Study of Alcohol | 3            | Fall '95   | B     |
| Intro to Alcohol Use and Abuse                        |                               |                        |                  |              |            |       |
| Intro to Drug Use and Abuse                           |                               |                        |                  |              |            |       |
| Foundations of Individual Counseling                  |                               |                        |                  |              |            |       |
| Alcohol & Drug Group Counseling                       |                               |                        |                  |              |            |       |
| Alcohol & Drug Treatment Continuum                    |                               |                        |                  |              |            |       |
| Professional Ethics for the CD Counselor              |                               |                        |                  |              |            |       |
| Counseling Families with Alcohol or Other Drug Issues |                               |                        |                  |              |            |       |
| Cultural Competency <b>OR</b> Special Populations     |                               |                        |                  |              |            |       |
| CD-Specific Elective                                  |                               |                        |                  |              |            |       |

# Work Experience Documentation

**All experience must be specific to chemical dependency counseling. List all relevant experience, beginning with your current place of employment. Verification must be received for all experience.**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

(Duplicate page, if necessary)

# Work Experience Verification

**All experience must be verified. Applicant is to complete the top section of this form; make copies and send the form to all agencies, employers, internship sites, etc. The bottom section is to be completed by the agency, employer, internship site, etc.**

The applicant listed below is applying for certification as a chemical dependency counselor. Please verify the work experience for this individual and return this form directly to the Certification Board for Alcohol and Drug Professionals, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105. If the information is not correct, please make changes, initial and mail with a copy of the person's written job description.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

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STOP HERE

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**THE FOLLOWING MUST BE COMPLETED BY THE AGENCY, EMPLOYER, INTERNSHIP SITE, ETC.**

I hereby attest that the above information is true and correct. This person was involved in the supervised counseling of diagnosed alcohol and drug abuse clients with the majority of their time spent in individual, group and/or family counseling; and, the remaining experience was related to the AODA Counselor Core Functions.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Total **number of hours** of qualifying work experience: \_\_\_\_\_

# Supervised Practical Training Hours

**Provide a description of your 300 hours of supervised practical training. You must have at least 10 hours in each area and give specific examples of how you apply the principles in your professional practice.**

Applicant's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Agency where completed: \_\_\_\_\_

|                  |                     |
|------------------|---------------------|
| <b>SCREENING</b> | <b>TOTAL HOURS:</b> |
|------------------|---------------------|

Description:

|               |                     |
|---------------|---------------------|
| <b>INTAKE</b> | <b>TOTAL HOURS:</b> |
|---------------|---------------------|

Description:

|                     |                     |
|---------------------|---------------------|
| <b>ORIENTATION:</b> | <b>TOTAL HOURS:</b> |
|---------------------|---------------------|

Description:

|                   |                     |
|-------------------|---------------------|
| <b>ASSESSMENT</b> | <b>TOTAL HOURS:</b> |
|-------------------|---------------------|

Description:

|                           |                     |
|---------------------------|---------------------|
| <b>TREATMENT PLANNING</b> | <b>TOTAL HOURS:</b> |
|---------------------------|---------------------|

Description:

# Supervised Practical Training Hours (Continued)

|                   |                     |
|-------------------|---------------------|
| <b>COUNSELING</b> | <b>TOTAL HOURS:</b> |
|-------------------|---------------------|

Description:

|                        |                     |
|------------------------|---------------------|
| <b>CASE MANAGEMENT</b> | <b>TOTAL HOURS:</b> |
|------------------------|---------------------|

Description:

|                            |                     |
|----------------------------|---------------------|
| <b>CRISIS INTERVENTION</b> | <b>TOTAL HOURS:</b> |
|----------------------------|---------------------|

Description:

|                         |                     |
|-------------------------|---------------------|
| <b>CLIENT EDUCATION</b> | <b>TOTAL HOURS:</b> |
|-------------------------|---------------------|

Description:

|                 |                     |
|-----------------|---------------------|
| <b>REFERRAL</b> | <b>TOTAL HOURS:</b> |
|-----------------|---------------------|

Description:

|                                     |                     |
|-------------------------------------|---------------------|
| <b>REPORTS &amp; RECORD KEEPING</b> | <b>TOTAL HOURS:</b> |
|-------------------------------------|---------------------|

Description:

|                     |                     |
|---------------------|---------------------|
| <b>CONSULTATION</b> | <b>TOTAL HOURS:</b> |
|---------------------|---------------------|

Description:



# Examinee Request for Reasonable Testing Accommodations

Candidates requesting reasonable testing accommodation can complete this form; attach all appropriate documentation from a licensed physician, psychiatrist, or psychologist; and, submit it with the application to: CBADP 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105.

## PERSONAL DATA:

Name: \_\_\_\_\_  
First Middle Last Maiden

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_

Examination(s) for which you are requesting testing accommodations: \_\_\_\_\_

Name and title of Professional(s) whom diagnosed your disability/disabilities: \_\_\_\_\_

\_\_\_\_\_ Date(s) Diagnosed: \_\_\_\_\_

## CURRENT DISABILITY (please mark all that apply):

\_\_\_\_\_ Visual Impairment  
\_\_\_\_\_ Hearing Impairment  
\_\_\_\_\_ Learning Disability  
\_\_\_\_\_ Writing Disability  
\_\_\_\_\_ Health Impairment  
\_\_\_\_\_ Orthopedic Impairment  
\_\_\_\_\_ Mental/Emotional Impairment  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Please describe the condition that is the basis for your request and the accommodations you wish to be made available:

## Prior Testing Accommodations you have been granted for this disability:

Additional Examination Time \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, percent additional \_\_\_\_\_ %)  
Separate Examination Location \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, where: \_\_\_\_\_)  
Assistance \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, specify type of assistance \_\_\_\_\_)  
Exam format Accommodations \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please describe \_\_\_\_\_)  
Other (please describe): \_\_\_\_\_

Accommodations were granted at: \_\_\_\_\_ Elementary School \_\_\_\_\_ High School  
\_\_\_\_\_ Professional Program \_\_\_\_\_ College

# Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Certification Board for Alcohol and Drug Professionals (CBADP) believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

☐

**By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals.**

The Codes of Ethics can be viewed and/or printed at: [www.dhs.sd.gov/brd/CBADP](http://www.dhs.sd.gov/brd/CBADP). Applicants who have not read the Codes of Ethics and have not checked the box above will not be granted certification by the CBADP.

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Signature of Professional

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Date

# Authorizations and Releases

I hereby attest that I have not been convicted of, plead guilty, or no contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a felony conviction, and/or pled guilty, or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any other certifying or licensing authority in this or any other state. If I have been denied or had disciplinary action, I have notified the Certification Board for Alcohol and Drug Professionals (CBADP) in writing of this action.

I hereby authorize the CBADP to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual to release any and all information necessary to fully and properly evaluate my application before the CBADP. The CBADP reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the CBADP, its Board of Directors, its officers, its employees, and any agency, facility, organization, or individual from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the CBADP can deny or revoke certification, trainee recognition, or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true, and that I understand the application and these authorizations and releases.

**On the line below, please print your name the way you would like it to appear on your certificate:**

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Signature of Professional

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Date

# **CHEMICAL DEPENDENCY COUNSELOR EVALUATION BY SUPERVISOR**

**INSTRUCTIONS FOR THE APPLICANT:** Give or mail this form directly to your supervisor(s) after you have filled in the bottom portion of this page. If your present supervisor has been supervising you for less than six (6) months, make a copy of this form and provide it to your immediate and past supervisors.

## **CONFIDENTIAL**

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Dear Supervisor:

The employee listed below is applying to the Certification Board for Alcohol & Drug Professionals (CBADP) for certification as a Chemical Dependency Counselor. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

The CBADP believes that your observation will provide a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation, plus those received from the professional references and the data furnished by the applicant, will be used in determining eligibility for certification. The process can only be as good as you and the others make it, by careful and truthful reporting.

Please return the completed evaluation **DIRECTLY TO:**

**CBADP**  
3101 West 41<sup>st</sup> Street, Suite 205  
Sioux Falls, SD 57105

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_

**CHEMICAL DEPENDENCY COUNSELOR EVALUATION BY SUPERVISOR**  
**(Continued)**

**APPLICANT'S NAME:** \_\_\_\_\_

The following items represent the skills needed by a Chemical Dependency Counselor. Evaluate the applicant in each area. Mark the rating most descriptive of the counselor's demonstrated skills. **A rating of 1 or 2 will cause the application to be denied.** Use N/O (not observed) ONLY if you have never observed nor have any knowledge of the applicant's skill in that area. Use the following rating scale:

**1 – POOR** (Not Minimally Acceptable)    **2 – NEEDS IMPROVEMENT** (Not Minimally Acceptable)  
**3 – ACCEPATBLE**                      **4 – GOOD**                      **5 – EXCELLENT**

| COUNSELOR SKILL AREAS  | Poor | Excellent | N/O |
|--|------|-----------|-----|
| SCREENING: Determining appropriate and timely services for clients with knowledge of his/her problems and their intensity.   | 1 2  | 3 4 5     |     |
| CLIENT INTAKE: The process of collecting client information for assessment purposes.   | 1 2  | 3 4 5     |     |
| CLIENT ORIENTATION: Providing clients with general goals, rules, services, rights, etc. of program services.   | 1 2  | 3 4 5     |     |
| CLIENT ASSESSMENT: Identification and evaluation of information to determine appropriate treatment services.   | 1 2  | 3 4 5     |     |
| CHEMICAL DEPENDENCY EVALUATION: Knowledge and application of the major theories and stages of addiction and the symptomatology of chemical dependency for assessment of clients.                           | 1 2  | 3 4 5     |     |
| TREATMENT PLANNING: Defining problems and needs, establishing long- and short-term goals and developing a treatment process and the resources to be used.  | 1 2  | 3 4 5     |     |
| COUNSELING SKILLS: (Individual, Group, Family) The utilization of special skills to assist in assessing client's problems and facilitating appropriate changes.  | 1 2  | 3 4 5     |     |
| CASE MANAGEMENT: The coordination of services, agencies, resources or people within a planned framework of action for the achievement of established goals.  | 1 2  | 3 4 5     |     |
| CRISIS INTERVENTION: Assessing, defining and responding to the needs during acute, emotional, and/or physical distress.  | 1 2  | 3 4 5     |     |
| CLIENT EDUCATION: Provision of information concerning alcohol and other drug abuse implications, available services, and resources.  | 1 2  | 3 4 5     |     |
| REFERRAL: Identifying and limiting of appropriate services, familiarization of community and state resources available with demonstration of the referral process, including confidentiality requirements. | 1 2  | 3 4 5     |     |
| REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.                                 | 1 2  | 3 4 5     |     |
| CONSULTATION: Relating with agency staff and other professionals to assure comprehensive, quality care for clients.  | 1 2  | 3 4 5     |     |
| PROFESSIONAL & ETHICAL RESPONSIBILITIES: A counselor's ability to adhere to generally accepted ethical and behavioral standards of conduct and continuing professional development.                        | 1 2  | 3 4 5     |     |

**CHEMICAL DEPENDENCY COUNSELOR EVALUATION BY SUPERVISOR (Continued)**

Are you involved in the administration/management of the program where you are employed?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, limited to clinical aspects (i.e., supervision of counselors).

\_\_\_\_\_ Yes, limited to administrative responsibilities.

\_\_\_\_\_ Yes, both \_\_\_\_\_% clinical and \_\_\_\_\_ % administrative.

How long have you supervised this applicant? \_\_\_\_\_

For what period of time, while under your supervision, was chemical dependency counseling the major part of this applicant's responsibilities?

From: \_\_\_\_\_ To: \_\_\_\_\_

Describe those activities: \_\_\_\_\_

\_\_\_\_\_

Comments and/or additional information you feel may be pertinent: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have been in a position to observe and have first-hand knowledge of the applicant's work at: \_\_\_\_\_  
(Name of work setting)

\_\_\_\_\_ I recommend this applicant for certification as a CD counselor.

\_\_\_\_\_ I have some reservations in recommending this applicant for certification.

\_\_\_\_\_ I do not recommend this applicant be granted certification..

(Any rating of 1 or 2 on the 'Counselor Skill Areas' from the pervious page, requires a "do not recommend".)

I hereby certify that all of the above information is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Professional Recommendation Form

**Provide this form to a professional and/or academic colleague who is acquainted with your chemical dependency counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for certification as an Alcohol and Drug Counselor. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## Professional Recommendation Form (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| <b>COUNSELOR SKILL AREAS</b>   | <b>Poor-Excellent</b> | <b>Don’t Know</b> |
|--|-----------------------|-------------------|
| Breadth of knowledge in alcohol and other drug abuse                               | 1 2 3 4 5             |                   |
| Breadth of knowledge in the twelve core functions                                  | 1 2 3 4 5             |                   |
| Relationship ability   | 1 2 3 4 5             |                   |
| Communication skills   | 1 2 3 4 5             |                   |
| Sense of responsibility & adherence to state & federal confidentiality regulations | 1 2 3 4 5             |                   |
| Empathy / understanding  | 1 2 3 4 5             |                   |
| Openness / genuineness   | 1 2 3 4 5             |                   |
| Honesty / integrity  | 1 2 3 4 5             |                   |
| Cooperation with others  | 1 2 3 4 5             |                   |
| Ability to recognize and set appropriate limits with clients                       | 1 2 3 4 5             |                   |
| Self-assessment / insight  | 1 2 3 4 5             |                   |
| Ability to be objective  | 1 2 3 4 5             |                   |
| Flexibility / adaptability   | 1 2 3 4 5             |                   |
| Emotional stability  | 1 2 3 4 5             |                   |
| Crisis problem solving   | 1 2 3 4 5             |                   |
| Counseling abilities & competencies  | 1 2 3 4 5             |                   |

Please provide a written overall assessment of the candidate as a Counselor. Comment on the intellectual and personal assets and/or liabilities that would affect the person’s professional practice in alcohol and drug abuse counseling.

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Signature

---

Date



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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## Professional Recommendation Form (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| COUNSELOR SKILL AREAS  | Poor-Excellent | Don’t Know |
|--|----------------|------------|
| Breadth of knowledge in alcohol and other drug abuse                               | 1 2 3 4 5      |            |
| Breadth of knowledge in the twelve core functions                                  | 1 2 3 4 5      |            |
| Relationship ability   | 1 2 3 4 5      |            |
| Communication skills   | 1 2 3 4 5      |            |
| Sense of responsibility & adherence to state & federal confidentiality regulations | 1 2 3 4 5      |            |
| Empathy / understanding  | 1 2 3 4 5      |            |
| Openness / genuineness   | 1 2 3 4 5      |            |
| Honesty / integrity  | 1 2 3 4 5      |            |
| Cooperation with others  | 1 2 3 4 5      |            |
| Ability to recognize and set appropriate limits with clients                       | 1 2 3 4 5      |            |
| Self-assessment / insight  | 1 2 3 4 5      |            |
| Ability to be objective  | 1 2 3 4 5      |            |
| Flexibility / adaptability   | 1 2 3 4 5      |            |
| Emotional stability  | 1 2 3 4 5      |            |
| Crisis problem solving   | 1 2 3 4 5      |            |
| Counseling abilities & competencies  | 1 2 3 4 5      |            |

Please provide a written overall assessment of the candidate as a Counselor. Comment on the intellectual and personal assets and/or liabilities that would affect the person’s professional practice in alcohol and drug abuse counseling.

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Signature

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Date

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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The person listed above has applied for certification as an Alcohol and Drug Counselor. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

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POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## Professional Recommendation Form (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| <b>COUNSELOR SKILL AREAS</b>   | <b>Poor-Excellent</b> | <b>Don’t Know</b> |
|--|-----------------------|-------------------|
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| Emotional stability  | 1 2 3 4 5             |                   |
| Crisis problem solving   | 1 2 3 4 5             |                   |
| Counseling abilities & competencies  | 1 2 3 4 5             |                   |

Please provide a written overall assessment of the candidate as a Counselor. Comment on the intellectual and personal assets and/or liabilities that would affect the person’s professional practice in alcohol and drug abuse counseling.

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Signature

---

Date

TO: Applicants

FROM: Tina Nelson, Administrative Officer

RE: Case Presentation Method (CPM)

The following materials are provided for your Case Presentation:

- Case Presentation Statements and Demographic Information
- Directions for Preparing the Case Presentation
- Case Presentation Outline
- Pool of Questions for the Case Presentation/Oral Interview
- Twelve Core Functions and Global Criteria of the Alcohol and Drug Counselor

The case study must be written on an actual client with a primary alcohol or other drug abuse problem. Each section of the outline must be addressed. Do not leave any sections or information incomplete. Failure to address each item will result in your case study being rejected and will necessitate revisions. Therefore, carefully follow the outline.

Provide five (5) copies of your case study with the application for certification, including both the cover page (with you and your supervisor's signature) and the demographic page. Attach these two pages to each copy of the case study. **This also includes rewrites of your case study.**

**The CBADP policy allows for one revision per applicant. If a second revision is needed, the applicant will not be allowed to test and will be required to wait until the next testing cycle.**

The CPM Oral Examination will be the last phase of the application and testing process. Upon successful completion and acceptance of your application portfolio and passing of the written examination, you will be scheduled for the oral interview.

The following is a brief synopsis of the oral interview.

Applicants will be scheduled for the oral examination. There will no longer be a "study time" since applicants are no longer allowed to make notes or take written notes into the interview with them. Applicants will be expected to answer the questions asked and give specific examples and information in relation to the core functions/global criteria. Immediately prior to the oral examination, applicants will be given a clean copy of the core function and global criteria definitions and the pool of questions. **THESE WILL BE THE ONLY TWO ITEMS ALLOWED IN THE TESTING ROOM.**

You will have 45 minutes to complete the interview. All 12 core functions and 46 global criteria must be addressed in the 45-minute period. It is important to be concise and specific. Memorization and/or verbatim repetition of the 12 core functions and 46 global criteria will not constitute demonstration of competency. It is important to relate the questions and your responses directly to your client/case study. There may be instances where a question will not relate to your case. In that event you should simply state this fact and then proceed to give an example or hypothetical situation.

If you have any questions about the CPM oral examination, please feel free to contact the CBADP Administrative Office.

# Case Presentation

By

---

COUNSELOR'S NAME

(Please type)

## **COUNSELOR'S STATEMENT:**

I hereby certify that I prepared this case presentation and that it represents an actual case of mine.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **SUPERVISOR'S STATEMENT:**

I hereby certify that I have read this case presentation; that it represents an actual case of the applicant; and, that to the best of my knowledge, it was prepared by him/her.

NAME (please type): \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION OF THE CLIENT

FICTIONAL NAME: \_\_\_\_\_

AGE AT ADMISSION: \_\_\_\_\_ RACE: \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

CURRENT LEGAL STATUS: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_

DISCHARGE DATE: \_\_\_\_\_

TREATMENT SETTING AND MODALITY: \_\_\_\_\_

\_\_\_\_\_

## **DIRECTIONS FOR PREPARING THE CASE PRESENTATION**

### **THE CASE YOU PRESENT MUST BE SPECIFIC TO A PRIMARY ALCOHOL/DRUG PROGRAM**

#### **YOUR CASE PRESENTATION MUST BE TYPED**

1. ALL information **MUST** be provided as directed. If the directions are **NOT** followed, your material will be returned to you so that you have the opportunity to make the necessary revisions.
2. Use an actual client from your case files; one who has completed treatment or is no longer obtaining your services. Use a fictitious name for the client; however, other information should be real, unless there is a danger of violating the client's confidentiality. **YOU ARE NOT ALLOWED TO USE ABBREVIATIONS.**
3. Complete the Demographic information on the client.
4. Provide the information in the Case Presentation Outline using a narrative (story) style. If necessary, use additional sheets of paper (numbered). Be sure to address each point listed in the outline. The completed case study should be a minimum of five (5) double-spaced, typed pages.
5. Sign the Counselor's Statement on the cover sheet.
6. Give the completed case presentation to your supervisor for his/her review and signature (on the cover sheet).
7. Make FIVE copies of the completed case presentation, including the counselor/supervisor's statement page and the demographic information page. **KEEP ONE COPY FOR YOUR RECORDS;** mail the **ORIGINAL AND FOUR COPIES**, with the application, to the Certification Board.

CBADP  
3101 West 41<sup>st</sup> Street, Suite 205  
Sioux Falls, SD 57105



# Case Presentation Outline

## **GENERAL GUIDELINES:**

The client's name must be a fictional name. The use of a case file number that can be accessed through insurance – state – federal or other data banks, Federal ID number, Social Security Number, Tribal Enrollment Number, or DOC prisoner number, all constitute a violation of confidentiality. All other information should be sufficiently disguised to prevent inadvertent identification of the client.

Treatment history can be left as real information, with which agencies have provided information/ services or can be discussed by using generalities (e.g. a treatment program in a reservation based tribal program in Western South Dakota, a residential treatment program in South Dakota, or an Intensive Outpatient Treatment program in a non-accredited program in South Dakota).

## **1. BACKGROUND INFORMATION**

### **A. Substance Abuse History**

Summarize the client's substance use/abuse history: Trace progression from the onset to present consumption patterns. Include the following:

1. All substances used:
2. Primary substance of choice:
3. Progression of use to include:
  - a) Age of first use
  - b) Age of first intoxication
  - c) Frequency of use
  - d) Frequency of intoxication
  - e) Amounts used
  - f) Duration of use
  - g) Route of administration
  - h) Date of last use
4. Effects of Substances:
  - a) Blackouts
  - b) Tremors
  - c) Tolerance
  - d) Withdrawal

- e) D.T.'s
- f) Seizures/convulsions
- g) Other Medical Complications (hypertension, tachycardia, headache)
- h) Mild withdrawal symptoms
- i) Increased anxiety
- j) Sleeplessness/insomnia
- k) Gastro-intestinal problems
- l) Appetite loss
- m) Nausea
- n) Dysphoria
- o) Paranoia
- p) Weight loss/gain
- q) Other

Note: Some of this information will also be included in the physical history section. It is okay, and often preferred, to duplicate the information. Each substance should follow the sequence of initiation, progression including frequency and amounts, effects and complications. If applicable, include information relating to poly-substance dependence. Progression should be identified with enough detail to show over what period, using the DSM-IV or ICD-9/10 guidelines, diagnostic considerations are formulated. Identify during what twelve-month period the diagnostic criteria was met.

## **B. Substance Abuse Treatment History**

1. Previous treatment history. Include the following:
  - a. Where
  - b. When
  - c. Reason for treatment
  - d. Response to treatment (length of sobriety, abstinence, risk-reduction effectiveness)
2. Other periods of abstinence/sobriety:

### **C. Psychological Functioning (To include both past and present history)**

1. Mental Status: What is the client's current emotional and psychological functioning and disposition?

(Include the following information: Presenting appearance, speech, recall and memory, orientation, alertness, thought processes, hallucinations and delusions, judgment and insight, intellectual ability, mood, affect, suicidal and homicidal ideation, risk for violence, anxiety, impulsivity, and defense mechanisms.)

2. Psychological Counseling/Treatment:

Identify if the client has ever been treated for a psychological disorder by addressing what and when. Identify if the client is currently being treated? Explain the reasons. If there is no history of counseling or treatment in the past, indicate the absence of past treatment.

### **D. Educational/Vocational/Financial (Summarize the following)**

1. Educational History: What is client's educational background? Include current educational status, level of achievement, disciplinary action, problems or difficulties (include any problems associated with chemical use).
2. Work History: What is the client's work history? Include current employment status, skills, and trades; work record, disciplinary action, terminations and problems or difficulties (incorporate problems associated with chemical use). If available, include collateral information: What is the client's supervisor's impression? Does the client adapt easily to rules, regulations, and authority?
3. Past and Current Financial Status: What is the client's financial status? (Include current income source and family income). Does the client have/had any financial problems (incorporate problems associated with chemical use)? If the client has trafficked in substances, include that history. If the client has traded sexual actions for substances, include those actions.

### **E. Criminal and Civil Legal History (associated with, or not associated with, mood-altering chemicals)**

Summarize involvement with the criminal justice system; has the client ever been charged, arrested or convicted of a crime? What? Where? When? What was the outcome? What is the client's current legal status? Does the client have any pending legal issues?

### **F. Social History**

Family of Origin: Where was the client born? Where or within what geographical location was the client raised? How many siblings does the client have? (Rank order) Identify parents and siblings status; alive – deceased – married – divorced – substance use/abuse. Family issues, if relevant: two-parent home, single-parent home, foster home, and other placements (adoptive home, quality of discipline, etc.).

Psychological Functioning in the Family/Substance Use in the Family: Is there a history of psychiatric problems? Are there any family members with substance abuse problems?

History of Social Functioning from Childhood to Present/ Family Functioning: What is the client's social history from childhood to the present? How does the client perceive his/her childhood? How did he/she do in school? Were there any disciplinary problems? Is there any indication of child abuse, neglect, sexual abuse, or emotional/physical/verbal abuse? How does the client perceive his or her parent's relationship?

Relationships: How does the client perceive his/her relationship with his/her parents, siblings, and friends? What is the client's relationship and marital history? If married, what's the psychological function level in the family? If divorced, explore why; and, if related to substances, identify the relationship why. Does the client have any children (age and gender)? Have the children, spouse(s), or friends expressed concern about the client's substance use?

Talents/Skills/Interests/Hobbies: How does the client spend his/her leisure time? What social activities is he/she involved in? What are his/her talents, skills, interests, and hobbies? Has chemical use interfered or caused problems in the client's social life (i.e. problems that disrupt social behavior, including embarrassing/offensive social behavior, violation of properties, failure to meet social obligations, and loss of friendships?) Any substance use related problems with intimate relationships?

Spiritual Beliefs/Practices: What are this client's spiritual beliefs/practices? Describe current level of involvement, including how substances have affected the client's beliefs and/or practices.

## **G. Physical History**

Past and Present Major Medical Problems: Describe client's general health, including past or current major illnesses or injuries, other known health problems, or any medical needs. (Include: disabilities, pregnancy, STD's, prescription medications, and sexual problems).

Alcohol and Drug related problems: Does the client have any medical problems directly or indirectly related to substance abuse? Does the client exhibit any physical signs of chronic substance abuse? Has a physician ever told the client to stop or to curtail alcohol/drug use?

## **2. ASSESSMENT**

### **A. Identify and Evaluate Individuals**

#### **1. Evaluate:**

Evaluate major life areas (i.e. physical health, vocational development, social adaptation, legal involvement, and psychological functioning to assess the extent that alcohol or drug use has interfered with the client's functioning in all critical life areas). Include emotional and spiritual life areas in this section.

## 2. Identify:

Identify the following to provide an integrated approach to treatment planning:

- a. Strengths
- b. Weaknesses
- c. Problems
- d. Needs

## 3. TREATMENT PLAN

1. Identify and rank problems needing resolution: the language of the problem statements should be specific, intelligible to the client, and expressed in behavior terms. The statement of the problem concisely elaborates on the client needs identified previously.
2. Establish agreed upon immediate- and long-term goals: goal statements refer specifically to the identified problem and may include an objective or set of objectives ultimately intended to resolve or mitigate the problem. Goals must be expressed in behavioral terms in order for the client and counselor to determine progress in treatment.
3. Decide on a treatment process and resources to be utilized: what services were provided that linked the problem to the goal; who provided the service (agency/program); where/how was the service provided (i.e. group, individual, inpatient, outpatient); and, what was the frequency of contact/service.

## 4. COURSE OF TREATMENT

1. Describe the counseling approaches you used to assist your client in achieving the goals/objectives developed on his/her treatment plan: what techniques did you utilize to assist the client to examine his/her behavior, attitudes and or feelings (Reality Therapy, Rational Emotive Therapy, Behavior Therapy, Systemic Counseling, Transactional Analysis, Family Therapy, Client Centered Therapy, etc.).
2. Your rationale for the approach used based on individual client needs (i.e. cultural, gender, age, lifestyle, attitude, emotional/physical status, motivation, prior treatment history).
3. Any revisions you made based on the client's unique problems and responses to treatment. (Explain why a counseling approach changed during treatment).

## **5. DISCHARGE SUMMARY**

1. Provide a concise description of the client's overall response to treatment; summarize the course of the client's treatment; describe client's progress/regress (include tasks assigned/completed, changes in behavior, attitude, acceptance, compliance or understanding); new problems identified/resolved; reason for discharge, recommendations, referrals made (include problems to be addressed), and prognosis.
2. Alcohol/drug diagnosis and status at the time of discharge to include DSM-IV or ICD diagnosis and guidelines.

## **POOL OF QUESTIONS FOR CASE PRESENTATION/ORAL INTERVIEW**

It is the applicant's responsibility to demonstrate competence in the Core Functions and Global Criteria (as delineated in the Core Functions definitions) and to provide complete answers and sufficient details to the questions. Memorization, verbatim repetition, and/or paraphrasing of the Core Function definitions will not constitute demonstration of competence in the Core Function areas of the Global Criteria.

### **DEFINITION OF COMPETENCE:**

The applicant must competently describe the skills of the Core Functions and Global Criteria (as delineated in the Core Function definitions) and the application of appropriate skills in his/her professional practice.

### **SCREENING:**

Describe the purpose of screening and the process used with this client.

### **INTAKE:**

Describe the elements of intake and how the intake process was completed in this case.

### **ORIENTATION:**

Describe the process of orienting this client to your services.

### **ASSESSMENT:**

Describe the methods and procedures used to assess this client and explain the results of those assessments.

### **TREATMENT PLANNING:**

Identify the components of treatment planning and describe the treatment planning process that occurred between you and this client.

### **COUNSELING:**

Identify your counseling approaches and theories, and thoroughly describe how you applied them to the client in this case.

### **CASE MANAGEMENT:**

Describe the purpose of case management and how it applied to this client.

### **CRISIS INTERVENTION:**

Give an example of a crisis that occurred in this case and explain how you responded to it. If no crisis occurred, give an example of a crisis using another case.

### **CLIENT EDUCATION:**

What is the purpose of client education and describe how you provided it in this case?

### **REFERRAL:**

Describe the process of referral and explain how it was used in this case.

### **RECORD KEEPING:**

Describe the report and record keeping process and how they were used in this case.

### **CONSULTATION:**

Describe the purpose of consultation and the rationale for and results of consultations necessary in this case. If no consultation occurred, provide an example from another case.

## **TWELVE CORE FUNCTIONS AND GLOBAL CRITERIA OF THE ALCOHOL AND DRUG COUNSELOR**

The Case Presentation Method is based on the Twelve Core Functions. Scores on the CPM are based on the Global Criteria for each Core Function. The counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity. Give specifics throughout and do not supply original definitions.

- I. SCREENING:** The process by which a client is determined to be appropriate and eligible for admission to a particular program.

### **Global Criteria:**

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any co-existing conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services.

### **Explanation:**

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol and drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality e.g., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care.) Important factors include the physical condition of the client, outside supports/resources, previous treatment efforts, motivation, and the philosophy of the program.



The eligibility criteria are generally determined by the focus, target population, and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant (client) is found ineligible or inappropriate for the program, the counselor should be able to suggest an alternative.

**II. INTAKE:** The administrative and initial assessment procedures for admission to a program.

**Global Criteria:**

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

**Explanation:**

The intake usually becomes an extension of the screening, when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign a consent for treatment and assign the primary counselor.

**III. ORIENTATION:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client rights.

**Global Criteria:**

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. Provide an overview to the client of the programs operations.

**Explanation:**

The orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of the treatment, such as medication.

- IV. ASSESSMENT:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of a treatment plan.

**Global Criteria:**

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psychosocial history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any co-existing conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

**Explanation:**

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing, and or record reviews. The counselors evaluated major life areas (e.g. physical, health, vocational development, social adaptation, legal involvements and psychological functioning) and assess the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The results of this assessment should suggest the focus for treatment.

- V. TREATMENT PLANNING:** The process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals and decide upon a treatment process and the resources to be utilized.

**Global Criteria:**

17. Explain assessment results to the client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

**Explanation:**

The treatment contract is based on the assessment and is a product of a negotiation between the client and counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem concisely elaborates on a client and counselor to determine progress in treatment. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, where they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

- VI. COUNSELING:** (Individual, group and significant others.) The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions and decision making.

**Global Criteria:**

21. Select the counseling theory(ies) that applies.
22. Apply techniques to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and life-style differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

**Explanation:**

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his/her problems and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific skill for the particular client. For example, a behavioral approach might be suggested for clients who are resistant, manipulative and have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the Counselor should be able to explain his/her rationale for choosing a counseling skill in an individual, group, or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changes during treatment.

- VII. CASE MANAGEMENT:** Activities, which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.

**Global Criteria:**

- 28. Coordinate services for client care.
- 29. Explain the rationale of case management activities to the client.

**Explanation:**

Case management is the coordination of a multiple services plan. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunctions in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills, and have pending criminal charges. In this case the counselor might monitor his medical treatment, make a referral to vocational rehabilitation program, and communicate with representatives of the criminal justice system.

The client may also be receiving other treatment services, such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

**VIII. CRISIS INTERVENTION:** Those services, which respond to an alcohol and other drug abuser's needs during acute emotional and/or physical distress.

**Global Criteria:**

- 30. Recognize the elements of the client's crisis.
- 31. Implement an immediate course of action appropriate to the crisis.
- 32. Enhance overall treatment by utilizing crisis events.

**Explanation:**

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. This crisis may be directly related to alcohol or drug use (e.g. overdose, or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the written case, rely on and describe a past experience with a client. Describe the overall picture before, during and after the crisis.

It is imperative that the counselor be able to identify the crisis when they surface, attempt to mitigate or resolve the immediate problem and use the negative events to enhance the treatment efforts if possible.

**IX. CLIENT EDUCATION:** Provision of information to individuals and groups concerning alcohol and other drug abuse, the implications of, and the available services and resources.

**Global Criteria:**

- 33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
- 34. Present information about available alcohol and other drug services and resources.

**Explanation:**

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually and informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

- X. REFERRAL:** Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

**Global Criteria:**

- 35. Identify need(s) and/or problems that the agency and/or counselor cannot meet.
- 36. Explain the rationale for the referral to the client.
- 37. Match client needs and/or problems to appropriate resources.
- 38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- 39. Assist the client in utilizing the support systems and community resources available.

**Explanation:**

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and be aware of the limitations of each services and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including the confidentiality requirements and outcomes of referral.

Referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

- XI. REPORTS AND RECORDKEEPING:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

**Global Criteria:**

- 40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
- 41. Chart pertinent ongoing information pertaining to the client.
- 42. Utilize relevant information from written documents for client care.

**Explanation:**

The report and record keeping function is extremely important. It benefits the counselor by documenting the client's progress in achieving his/her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it can enhance the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

**XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT SERVICES:** Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

**Global Criteria:**

- 43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
- 44. Consult with appropriate resources to ensure the provision of effective treatment services.
- 45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client identifying data.
- 46. Explain the rationale for the consultation to the client, if appropriate.

**Explanation:**

Consultations are meetings for discussions, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations also can be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers and other service providers connected with the client's case.

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